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AUTHOR Sanche, Bob; And Others
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ABSTRACT

The Saskatoon Region Special Services Project is a cooperative effort to implement the Standards for Educators of Exceptional Children in Canada (SEECC) model, which stresses special education service delivery for rural areas through regular and resource teachers rather than extensive use of consultants and special classes. It emphasizes community-based rather than institutional services. The model calls for delivery of service in community schools through basic orientation to diagnostic teaching of marginally exceptional children for all regular classroom teachers, placement of one resource teacher in each school to work with marginally handicapped children and their regular teachers, and providing in-depth educational diagnoses and remediation for more severely handicapped via purchased or shared clinical resources. In 1975-76, in-service training of all K-6 teachers was undertaken, resource teachers were hired for elementary schools in the region, and a joint Learning Assistance Center was begun to serve severely handicapped children. The Center also provides back-up service for regular classroom teachers and continuing in-service for all teachers. The service delivery model shows promise as an effective, efficient system of special education service delivery for rural areas. (RS)

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C.E.C. PRESENTATION

Thursday, October 21, 1976. 3:45 - 5:00 p.m.

Presenters: Dr. Bob Sanche, Glen Penner, Joe Zolkavich, Alec Postnikoff

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IMPLEMENTING THE SEECC* MODEL OF SPECIAL EDUCATION SERVICE DELIVERY IN RURAL SASKATCHEWAN

A. Introduction

The present paper consists of four parts: (1) a review of the planning process, (2) presentation of the service delivery model, (3) an outline of issues in financing and implementing the model and finally, (4) a description of the Learning Assistance Centre employed in the project.

It should be stressed from the beginning that the impetus for the project came from the superintendents involved, Glen Penner, Alec Postnikoff, Joe Zolkavich and John Lewchuk. Representatives of the Institute of Child Guidance and Development, University of Saskatchewan, were invited to be partners in the endeavor and have participated enthusiastically in the planning, in-service activities, and in the evaluation activities on the project. Besides presenting a new approach to special education service delivery in rural areas, therefore, the present paper documents a significant cooperative effort between school boards and the University. Through funding a portion of the project, the business community as represented by I.B.M. (Canada) is also party to the project as is the Saskatchewan School Trustees Association.

B. Planning

For a full two years before implementing the SEECC Model, the Saskatoon Region: Special Services Project committee met and planned every aspect of the project. The committee reviewed and rejected service delivery models which had been implemented elsewhere and which were based on extensive use of itinerant specialists. They opted, instead, for implementation of the SEECC Model, a service delivery model which relies heavily on service

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* Standards for Educators of Exceptional Children in Canada.

Paper presented at the 2nd National Congress of the Council for Exceptional Children in Canada, Saskatoon, Saskatchewan, 20-23 October 1976.

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delivery to exceptional children through regular and resource teachers who are school based.

During the planning phase, the project committee was enlarged to include representatives of the Department of Education, Regional Health Services and the Saskatchewan School Trustees Association. Prior to selecting a service delivery model, the planning committee agreed that the following objectives would be the basis for its work:

1. To increase the pupil base in order to provide for more effective and efficient planning for special services. (With a total of approximately 7,500 students in the rural jurisdictions and 8,300 in the Saskatoon Catholic Schools there appeared to be a large enough student base on which to start).

2. To increase the efficiency of staff utilization by delivering some services via regular classroom teachers and by sharing the expense of more costly diagnostic and remedial (Stage III) staff.

3. To reduce the per pupil cost of special services to a minimum.

4. To identify and exploit existing services of regional Health, Education and Social Services as well as non-governmental public and private agencies to a maximum.

5. To emphasize community - based rather than institutional services for handicapped children.

6. To assure that special services for children are delivered as close to the local community as possible.

7. To provide a broader teacher base on which to plan and deliver in-service training.

Superintendents in the three participating school units completed an inventory of exceptional children by age, sex, home location, type of service required and the adequacy of the service then being provided. The survey indicated that a significant number of children required additional special services. The immediacy of their needs provided a strong incentive for the committee to concentrate on planning services for the moderately to severely handicapped rather than for all children. It was the consensus of the committee that it recommend implementation of the SEECC Model of service delivery. A survey was then taken in each school unit to determine how many of their teachers had completed special training to the levels recommended under the model. Finally, an inventory of print and non-print resources was compiled.

With a view to implementing the SEECC Model in the three rural school units. The planning committee set the following priorities in the form of

recommendations to the participating school boards:

1. That within the model priority be given to the establishment of Stage III diagnostic and remedial services for more severely handicapped children such as the emotionally disturbed and learning disabled.

2. That a stage III diagnostic and remedial centre be jointly planned, funded and staffed by the three school units and that the urban school boards and the Institute of Child Guidance be asked to participate in its planning and implementation.

3. That the three school units jointly plan and undertake to raise the professional preparation of every Division I and II teacher (later including Division III and IV) to the stage I level.

4. That pre-service training to the stage I level be given priority for all new teachers hired and that stage I preparation be provided for existing staff via in-service sessions, evening classes or Saturday classes.

5. The principals of schools, because of the vital role they need to play in implementing the new approach to service delivery be given special orientation sessions.

6. That all new resource or special class teachers hired be qualified to the stage II level and that those teachers present be encouraged through bursary support to acquire stage II preparation.

7. That procedures for designating handicapped children in the three school units be re-examined and that common procedures be developed for screening and identifying children.

8. That the implementation of the SEECC Model be carefully documented so that it is possible to objectively determine the effectiveness of the Model for service delivery.

9. The resource teachers roles be contrived so that they can act in consultative roles to teachers as well as diagnostic and remedial teachers.

10. That other support agencies such as the Saskatoon Rural Health Region, MacNeill Clinic, Alvin Buckwold Mental Retardation Unit, Core Services etc., be informed of the joint special education services venture and that suggestions from these be received and considered.

In April 1975, following correspondence with a number of educational clinics operated by school systems and regional education services in Alberta,

an invitation was extended to the committee to visit these clinical programs. Alberta was selected because some four years ago that provincial government provided almost a million dollars in special grants to be used for initiating diagnostic and prescriptive services for children. Some rural and small city school systems joined together to provide a joint service delivery system not unlike that planned in the Saskatoon Region. Centres visited included Red Deer, Calgary and Edmonton. Other individual members of the committee visited special education projects in several of the United States, Vancouver, Toronto and Winnipeg.

C. The SEECC Model

The SEECC Model (see Figure 1) is primarily a model for professional preparation of teachers and ancillary specialists. More than that, however, it is a model for staff deployment and for efficient staff utilizations. Above all, it presents an approach to service delivery for exceptional children which would see more of them retained in regular classrooms and more normal educational settings. In every sense, it is an ecological approach to service delivery in that it encompasses and rationalizes efficient and effective staff deployment not only in terms of special education staff, but in terms of all school staff.

The SEECC Model differs from traditional approaches to the delivery of services to handicapped children in that it stresses service delivery through regular and resource teachers rather than through extensive use of consultants and special classes. Basically, the model envisages the delivery of special education services in the community schools through: (1) regular classroom teachers who have all completed a basic orientation to diagnostic teaching of marginally exceptional children (stage 1 services); (2) the hiring and placement of one resource teacher in each school - such teachers to be used as resource teachers to work with marginally handicapped children and their regular class teachers (stage 2 services); and (3) providing in-depth educational diagnoses and remediation for the more severely handicapped children via purchased or shared clinical resources (stage 3 services).

While the present study is concerned mainly with new ways of utilizing staff in order to deliver special education services more effectively in the Saskatoon Region, the other dimensions of the model, education and placement as they relate to staff utilization, are also illustrated. For a detailed list of the competencies required for regular and specialized teachers under the model please consult page 36 ff of the original SEECC Report.

In order to conceptualize how services would be delivered when the Saskatoon Region adopted the SEECC Model, the SEECC Implementation Model was prepared (see Figure 2). At the present time the latter model includes all service elements and indicates the relationship among them. It does not, however, include all the feed-back contingencies.

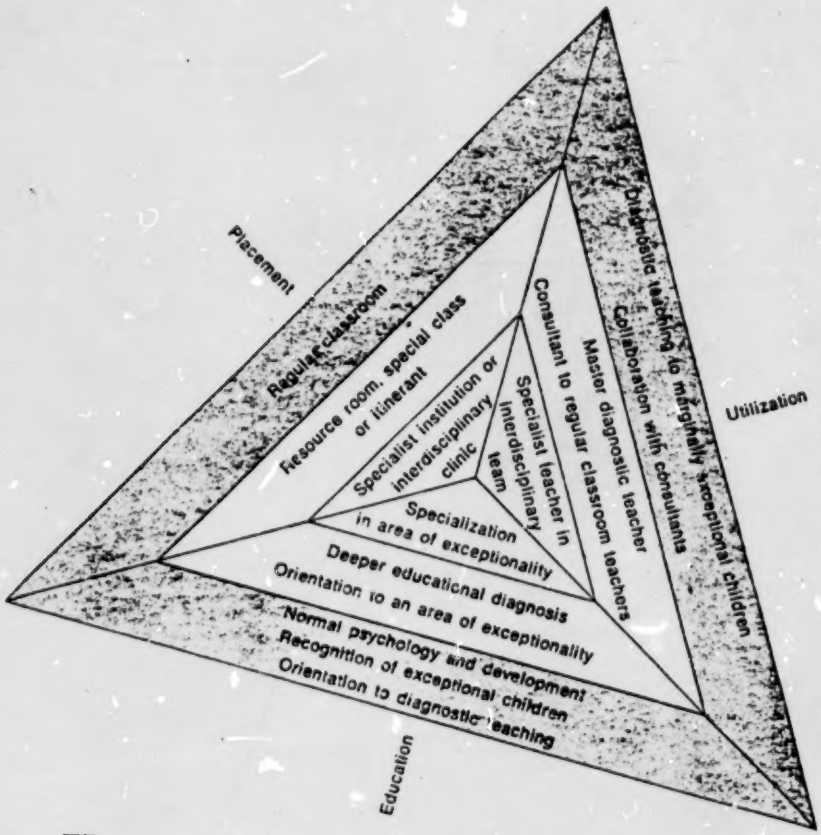

Figure 1: The SEECC Model

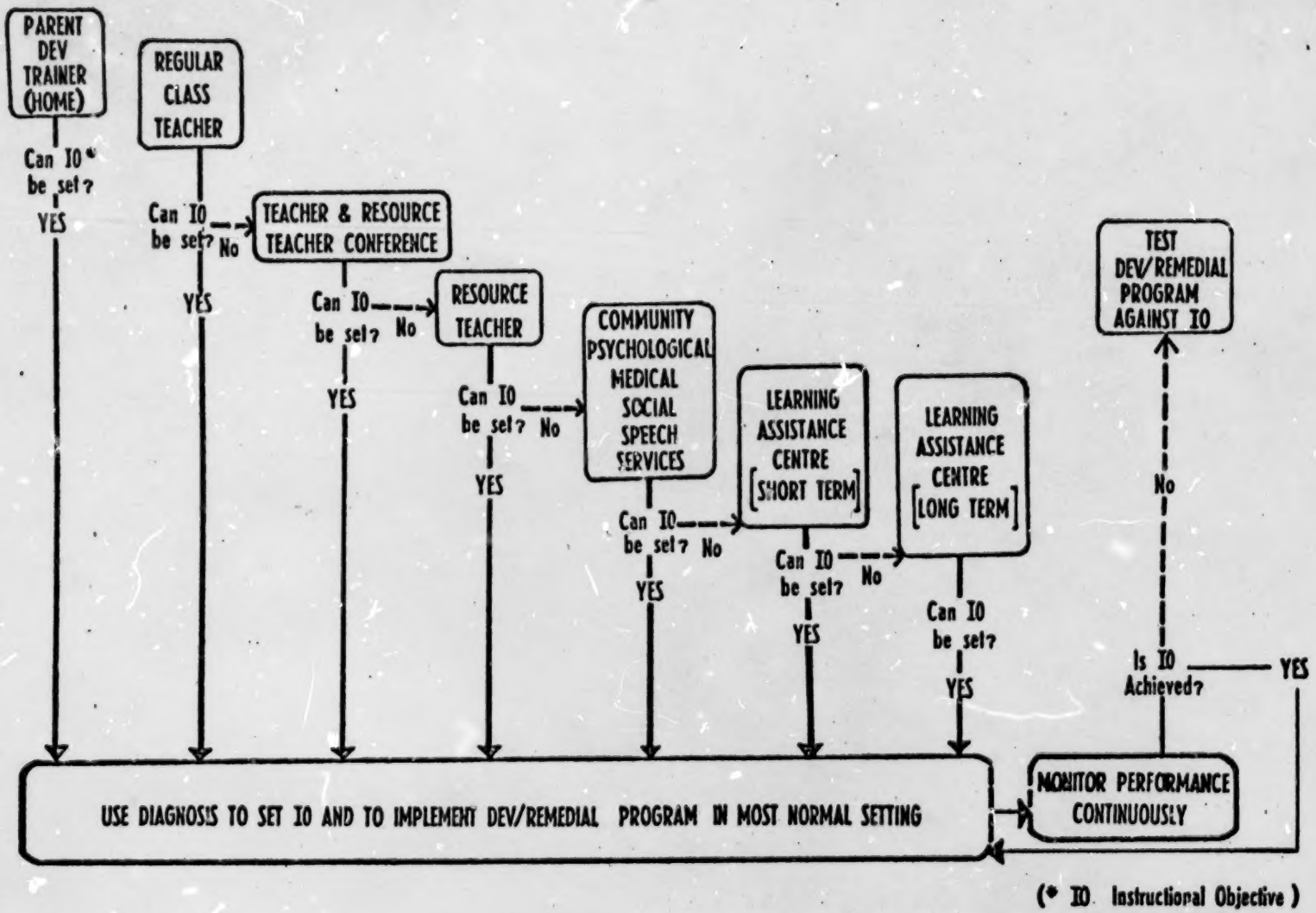

Figure 2: The SEECC IMPLEMENTATION MODEL

Under the SEECC Implementation model it is assumed that exceptional children are first identified by the regular class teacher. It is then her job to decide whether she can set an appropriate developmental and/or remedial program for the child. If she can, she does so, implements the program, monitors the child's progress continually and as he achieves the objectives of the program she sets the next higher objective and continues the process. If the teacher is not able to set an appropriate program for the child, she then consults with the resource teacher who will assist in the task of setting appropriate instructional objectives for the child. The more difficult the educational problem the further along the continuum of services it will be necessary to proceed in order to obtain appropriate specialized services. It is important to note however, that the program is set and the service delivered in regular classroom or in as normal a setting as possible. The regular class teacher is expected to have the requisite competencies to provide appropriate services for most marginally handicapped children in her own room while the school and community are intended to provide appropriate back-up services.

Only stage III services under the model are delivered outside the Community School. These services are required for only a small number of children who are moderately to severely handicapped. After appropriate diagnostic and program development work has been completed, these children will return to their community schools where programming will be provided for them along with the necessary support services.

D. Implementing and Financing the System

In order to implement the model, it was necessary to hire some new staff and to provide, thorough in-service sessions, the requisite competencies (under the model) for existing staff. Toward that end, the following activities were undertaken during 1975-76:

Stage 1 - All teachers from k-6th grade in the three school units were provided a ten session in-service package designed to provide them with an orientation to exceptional children and to diagnostic teaching of such children in the regular classroom. The sessions included an orientation to the SEECC Model and to working with resource teachers.

Stage 2 - Resource teachers were hired or supported in training and then assigned to most (and ultimately to every) elementary school in the region. Orientation sessions for principals were held in order to assure that resource teachers would be effectively utilized in the schools. Financial assistance was provided in order to purchase required diagnostic and teaching materials for resource rooms.

Stage 3 - The three school units began planning with the Saskatoon Catholic School System in order to establish a joint Learning Assistance

Centre (L.A.C.). That centre has now been built with major funding for capital construction and for operation being provided by the Department of Education. The L.A.C. will be operated by a board of management consisting of the four superintendents. The Catholic School System will pay 2/5 of the cost of operating the centre while each of the rural school units will provide 1/5 of the cost. The centre has four highly qualified and experienced teachers and two teacher aides. It will serve up to 15 moderately to severely handicapped children at any one time and approximately 50 such children over a year.

Early Intervention - In September, 1976, a program of home-visiting services for young "at risk" preschool children began under the jurisdiction of Dr. Barbara Bloom. Three developmental specialists will visit homes of children referred and will mount individual developmental programs for the children. The actual developmental work will be carried out by parents with materials and methods demonstrated by the home visiting teacher. This part of the service delivery system is patterned after the very successful Portage Project in Wisconsin.

Funding for capital construction and for staffing was provided by the participating school boards and by the Department of Education. I.B.M. (Canada) provided half the funds necessary to support planning, monitoring and evaluation activities during the 2 1/2 year project. Matching funds for the latter were provided by the Saskatchewan School Trustees Association and by the University. The total cost of the preschool project was provided by the I.B.M., S.S.T.A. and the University.

E. The Learning Assistance Centre

Based on general goals of prevention, early intervention and remediation, the Learning Assistance Centre (L.A.C.) has been established to assist the four co-operating school jurisdictions in three ways:

1. To help students who need special educational treatment, but for whom we cannot find suitable accomodation in the local schools or through existing community agencies.

2. To provide a back-up service that will assist classroom teachers who work with exceptional children.

3. To provide for continuing in-service for all teachers in the jurisdictions.

Before children are referred to the Learning Assistance Centre, they will have received the best efforts of regular and resource teachers in their

local schools. They will also have received whatever community services are available from agencies such as regional health, education and social services, the MacNeill Clinic, the Alvin Buckwold Centre, etc. If, after having had benefit of the services just mentioned, it is still not possible to implement an appropriate educational program for the child, he will be referred for short-term placement in the Learning Assistance Centre.

It is important to stress that the Learning Assistance Centre is primarily an educational centre. Those who work in the centre must be sufficiently competent and experienced to do the diagnostic-prescriptive and remedial work required by children referred to them. Staff in the Learning Assistance Centre, therefore, have a four-fold responsibility for each child referred: (1) to compile information resulting from diagnostic work done by the resource teacher and by community agencies and then do whatever additional educational diagnostic work is required; (2) to set out a tentative educational program for the child and test it out in the Learning Assistance Centre; and, (3) to establish what are the most appropriate materials and teaching strategies to be used with the child; (4) to provide counselling and liaison services to teachers and parents.

The Learning Assistance Centre will assist the child in returning to his home school (or to another appropriate educational setting) by providing the necessary support and liaison services required in the school and the home. This will necessitate a close relationship between the neighborhood school and the Learning Assistance Centre staff. To this end the co-operating jurisdictions plan to free teachers from their regular responsibilities so that they may:

- observe at the Learning Assistance Centre.

- participate in the implementation of the program designed by the Learning Assistance Centre staff.

- facilitate the re-entry of the child to the neighborhood school.

Parents of children at the centre will participate at various stages in the program.

The Learning Assistance Centre is staffed by four highly qualified and experienced teachers, two teacher aides and a secretary. While there might be considerable overlap in their competencies, the following classifications of staff have been hired:

1. A teacher liaison worker who is primarily an expert teacher and also has the capabilities to do the liaison work of the Learning Assistance Centre,

2. A teacher in Learning Disabilities,

3. A teacher in Behavior Adjustment,

4. A reading clinician.

The competencies of the specialized staff of the Learning Assistance Centre encompass the following:

1. liaison work with the home, the school, community, medical and social agencies;

2. diagnosis of learning problems across categories of exceptionality;

3. developmental and prescriptive teaching across categories of exceptionality;

4. behavior therapies and counselling;

5. language/speech pathology and remediation;

6. clinical work in reading.

F. Conclusion

The Saskatoon Region: Special Services Project represents a unique cooperative effort mounted by three rural school units, an urban school board and the University. The service delivery model being tested shows great promise as an effective and efficient system of special education service delivery for rural areas. In addition to field testing the model, the project team is keeping careful records of its planning and implementing strategies through a publication called The SEECC Chronicle.

Reference

Hardy, M. I., McLeod, J., Minto, H., Perkins, S. A., & Quance, W. R. Standards for Educators of Exceptional Children in Canada. Toronto: The Council for Exceptional Children in Canada, 1971.